

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588,046

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		1		/		
6		1		/		
7		1		/		
8		1		/		
9		1		/		
10		1		/		
11		1		/		
12		1		/		
13		1		/		
14		1		/		
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18		1		/		
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20		1		/		
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27		1		/		
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29		1		/		
30		2		/		
31		2		/		
32		2		/		
33		2		/		
34		1		/		
35		1		/		
36		1		/		
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41		1		/		
42		1		/		
43		2		/		
44		2		/		
45		2		/		
46		1		/		
47		1		/		
48		1		/		
49		1		/		
50		1		/		
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	54	←		←		←
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52				/		
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98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	50	←		←
TOTAL CLAIMS			52			